

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/25/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295079	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/25/2005
NAME OF PROVIDER OR SUPPLIER EVERGREEN MOUNTAINVIEW HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 201 KOONTZ LANE CARSON CITY, NV 89701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as the result of the investigation of eight (8) complaints conducted at your facility on January 13, 2005 and concluded on January 25, 2005.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>1. Complaint #NV00006902 alleged that a resident had a fall with a minor injury. The fall and injury were substantiated, however, no deficiency was cited based on the facility's actions.</p> <p>2. Complaint #NV00006903 alleged that a resident had a fall with an injury. The fall and injury were substantiated, however, no deficiency was cited based on the facility's actions.</p> <p>3. Complaint #NV00006904 alleged that residents engaged in inappropriate sexual behavior. The complaint was not substantiated.</p> <p>4. Complaint #NV00006915 alleged that a resident had a fall with an injury. The fall and injury were substantiated. No deficiency related to the fall was cited based on the facility's actions. A deficiency was cited for an unrelated issue. See Tag F 281.</p> <p>5. Complaint #NV00006917 alleged that a resident had a fall with an injury. The fall and</p>	F 000	<p>RECEIVED</p> <p>FEB 11 2005</p> <p>BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Deborah Payne

Executive Director

2/11/05

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 injury were substantiated. No deficiency related to the fall was cited based on the facility's actions. 6. Complaint #NV00006957 alleged that two residents were involved in an altercation. The altercation was substantiated. No deficiency was cited based on the facility's actions. 7. Complaint #NV00006975 alleged that the facility failed to maintain a resident's hygiene. The complaint was unsubstantiated due to insufficient evidence. 8. Complaint #NV00007064 alleged that two residents engaged in sexual behavior. The incident was substantiated. No deficiency was cited based on the facility's actions.	F 000	F281 Resident Assessment Corrective actions accomplished for those residents found to have been affected by the deficient practice: <ul style="list-style-type: none"> • Orders were obtained and initiated for antibiotic therapy for Resident #1. Identification for other residents having the potential to be affected by the deficient practice and corrective action to be taken: <ul style="list-style-type: none"> • All residents have the potential to be affected. Measures to be put into place/systemic changes to be made to ensure that the deficient practice does not occur: <ul style="list-style-type: none"> • Doctor's orders are being reviewed daily by the RCM (Resident Care Manager) or designee. • The RCM or designee verifies that laboratory orders have been initiated and carried through with Lab Corps. • A copy of the lab request is kept by the RCM or designee and monitored daily for completion and results. • Upon receipt of the lab results, the RCM or designee ensures that the ordering physician obtains the results and any further orders are followed through in a timely manner. 		2/20/05
F 281 SS=D	483.20(k)(3)(i) RESIDENT ASSESSMENT The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based and record review and interview, it was determined that the facility failed to follow-up with the physician for 1 of 9 residents. Findings include: Resident #1: The resident was admitted to the facility on 4/29/03 with the diagnoses that included hypertension, senile dementia, hearing loss, and osteoarthritis. Review of the record revealed that the resident had complained of urinary urgency on 12/17/04. An order for a urinalysis and culture and sensitivity if indicated	F 281			

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F 281	<p>Continued From page 2</p> <p>was dated 12/18/04. A review of the testing results revealed that a specimen was collected on 12/20/04. The final results were received by the facility on 12/22/04 and noted a urinary tract infection. The nurse noted on the report that the report was faxed to the physician on 12/22/04. An order for an antibiotic was written on 12/28/04. Review of the Interdisciplinary Progress notes failed to reveal evidence that attempts to follow-up with the physician in regard to the test results had been done. No nursing progress notes were found between 12/17/04 and 12/29/04. On 12/29/04 at 1:30 AM a nurse noted that a new order for Macrobid, an antibiotic, was received.</p> <p>The results of the record review were discussed in an interview with the DON on 1/13/05. No further information regarding follow-up with the physician was found. The DON stated that the procedure was to fax information to this particular physician per his request. The physician then responded by fax with the appropriate order. If no response was received from the physician, a follow-up fax and/or call was to be done and documented.</p>	F 281	<ul style="list-style-type: none"> The SDC (Staff Development Coordinator) will re-educate licensed nurses regarding the proper lab monitoring, the use of the 24-hour report and follow-through on lab ordering. <p>Monitoring of corrective actions to ensure the deficient practice is being corrected and will not recur:</p> <ul style="list-style-type: none"> The RCM or designee will complete a 24-hour follow-up form on a daily basis. The DNS or designee will review this form weekly. The QA nurse will monitor the completion of the follow-up reports weekly x 4 weeks then monthly. The results will be reviewed in the monthly CQI meeting. 		

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